

Substitute for form 1449B/PTO			Complete if Known		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)			Application Number	Unassigned	
			Filing Date	Unassigned	
			First Named Inventor	Nishimura, Hajime	
			Art Unit	Unassigned	
			Examiner Name	Unassigned	
Sheet	1	of	1	Attorney Docket Number	16869P-108300US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number Number Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
LB	1	JP	2000-090563		03-31-2000	HACHI		<input checked="" type="checkbox"/>
LB	2	JP	2001-034962		02-09-2001	TERADA et al.		<input checked="" type="checkbox"/>
LB	3	JP	2001-202689		07-27-2001	KANDA		<input checked="" type="checkbox"/>
LB	4	JP	2002-056558		02-22-2002	TAKEI et al.		<input checked="" type="checkbox"/>
LB	5	JP	2002-163854		06-07-2002	NAGATO		<input checked="" type="checkbox"/>
LB	6	JP	2002-251735		09-06-2002	IWASAKI		<input checked="" type="checkbox"/>
LB	7	JP	2002-272172		09-20-2002	KOTAKE		<input checked="" type="checkbox"/>
	8							<input type="checkbox"/>

Examiner Signature	/LaTanya Bibbins/	Date Considered	10/23/2006
-----------------------	-------------------	--------------------	------------

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.